2025 Child and Adult Core Set Annual Review: Meeting to Prepare for the Voting Meeting Transcript
April 4, 2023, 2:00 – 3:00 PM EST

Talia Parker:

Hello everyone, my name is Talia Parker and I'm pleased to welcome you to the 2025 Child and Adult Core Set Annual Review Meeting to Prepare for the Voting Meeting. Before we get started today, we wanted to cover a few technical instructions. If you have any technical issues during today's webinar, please send a message to all panelists through the Q&A function located on the bottom right corner of your screen. If you are having issues speaking during our Workgroup or public comments, please make sure you are not also muted on your headset or phone. Connecting to audio using computer audio or the call me feature in WebEx are the most reliable options. Please also note that call-in-only users cannot make comments. If you wish to make comments, please make sure that your audio is associated with your name in the platform. All attendees of today's webinar have entered the meeting muted. There will be opportunities during the webinar for Workgroup members and the public to make comments. To make a comment, please use the raise hand feature in the lower right corner of the participant panel. A hand icon will appear next to your name in the attendee list. You will be unmuted in the order in which your hand was raised. Please wait for your cue to speak and remember to lower your hand when you have finished speaking by following the same process you used to raise your hand. Note that the chat is disabled for this webinar. Please use the Q&A feature if you need support. Finally, closed captioning is available in the WebEx platform. To enable closed captioning, click on the CC icon in the lower left corner of your screen. You can also click Control-Shift-A on your keyboard to enable closed captioning.

And with that, I will hand it over to Margo Rosenbach to get us started.

Margo Rosenbach:

Thank you, Talia. Next slide.

Hi, everyone. My name is Margo Rosenbach, and I am a Vice President at Mathematica. I direct Mathematica's Quality Measurement and Improvement Technical Assistance Contract with the Center for Medicaid and CHIP Services. It's my pleasure to welcome you to the meeting to prepare for the 2025 review of the Child and Adult Core Sets. Whether you're listening to the meeting live or listening to a recording, thank you so much for joining us. Next slide, please.

I'd like to provide an overview of today's meeting objectives. First, I'll briefly discuss the strategy and criteria for assessing the suggested measures. Next, Chrissy will identify the measures that were suggested by Workgroup members for removal from or addition to the 2025 Child and Adult Core Sets. We won't be discussing specific measures today, but we will have plenty of time for these discussions during the voting meeting in three weeks. Then Caitlyn will describe the resources available to Workgroup members for reviewing the measures and also present our voting meeting approach. We'll also provide an opportunity for public comment at the end, and we have several opportunities throughout the meeting for Workgroup members to share comments or ask questions. So, with that, let's get started. Next slide, please.

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I'd like to acknowledge our Mathematica Core Set Review Team. They're listed here. Since the call for measures closed on January 13th, they've been very busy gathering information on the measures suggested for addition and removal and also developing the materials for the Workgroup's review of those measures. Thank you, team, for your efforts. Next slide.

This slide and the next two slides show a list of the members of the 2025 Child and Adult Core Set Annual Review Workgroup. I won't be doing a roll call today in the interest of time, but we will take attendance based on the webinar participants list. I'd like to give a special thank you to Kim Elliott and Rachel La Croix for serving as our co-chairs, and we will hear from them later on in this meeting. Next slide, please.

And on this slide, I'd like to note that Sara Hackbart is new to the workgroup. Sarah was nominated by the National MLTSS Health Plan Association. Next slide.

And on this slide, I'd like to note that Mitzi Wasik has been nominated by the Academy of Managed Care Pharmacy. Thank you, Sara and Mitzi, for stepping in, and thank you to all the Workgroup members for your service. Next slide.

I'd also like to acknowledge the participation of federal liaisons in the annual review process. The Workgroup includes representatives from AHRQ, CCSQ, CDC, HRSA, IHS, ASPE, ODPHP, OMH, SAMHSA, and Veterans Affairs. The inclusion of federal liaisons reflects CMCS's partnership and collaboration with other agencies to assure alignment across federal programs. Federal liaisons are non-voting members of the Workgroup, and we thank them for their participation in the annual review process. I'd also like to recognize the support of staff in the Division of Quality and Health Outcomes in the Center for Medicaid and CHIP Services. Next slide.

And now for a brief recap of our milestones for the 2025 Child and Adult Core Set Annual Review. Today, we're preparing for the voting meeting, which will be held April 25th to 27th. We'll convene then to discuss and vote on the measures suggested for removal and addition. After the voting meeting, we'll prepare the draft report summarizing the Workgroup's recommendations and make the draft report available for public comment in July. We'll release the final report in August, and after that, CMCS will review the final report and gather additional input. And by December 31st, CMCS will release updates on the Core Set. Next slide.

Now we'll describe the measure review strategy and criteria. Next slide, please.

This slide reflects information that CMCS has shared about the purpose of the Core Sets. Overall, the Core Sets are a tool to understand and advance access, quality, and equity. They can be used to identify and improve our understanding of health disparities experienced by Medicaid and CHIP beneficiaries. And ultimately, the goal is to use Core Set data to develop quality improvement efforts to advance health equity. And so, the charge to the Workgroup is to assess measures for removal and addition to the Child and Adult Core Sets to strengthen and improve their use for these purposes. Next slide.

As we've done in the past, we wanted to share this slide, which highlights the balance that the Workgroup faces in assessing measures in terms of their feasibility, desirability, and viability. Our goal in this year's annual review is to optimize the overlap of these three elements, the technical feasibility of collecting and reporting measures, the desirability of measures, which relates to their actionability and strategic priorities, and finally, financial and operational viability, such as alignment across programs and state capacity for reporting. Next slide.

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Before we discuss the criteria for the review, we'd like to share a few additional considerations. As you may know, beginning in 2024, reporting of all the Child Core Set measures and the behavioral health measures in the Adult Core Set will be required for all states. States will also be required to include all their Medicaid and CHIP populations. So, we ask the Workgroup to consider the feasibility and viability for all states to report a measure for all their Medicaid and CHIP populations. We also ask the Workgroup to consider whether a measure could be stratified by such factors as race, ethnicity, sex, age, rural/urban status, disability, and language. Next slide.

Most of you have seen the criteria for considering measures during the 2025 Core Set Review. In the interest of time, I will briefly review them now. The criteria fall into three categories: minimum technical feasibility requirements, actionability and strategic priority, and other considerations. As we mentioned during the orientation meeting, to be discussed by the Workgroup at the voting meeting, measures must meet the minimum technical feasibility requirements. Next slide.

On this slide, we show the criteria for considering the measures suggested for removal. As we've discussed these criteria in prior webinars, I won't read through them now. Workgroup members have a list of these criteria, and we'll be keeping these criteria in mind during the voting meeting discussions. Also, as a reminder, the slides are available on our website if you would like to download them and view the criteria. Next slide.

On this slide, we show the criteria for addition, starting with the minimum technical feasibility requirements. We use these criteria to assess the measures suggested by Workgroup members during the call for measures to determine which measures will be discussed and voted on by the Workgroup at the voting meeting. First, a measure must be fully developed and have detailed technical specifications that enable production of the measure at the state level. Also, it must have been tested in state Medicaid or CHIP programs or be in use by one or more Medicaid or CHIP programs. It must have an available data source or a validated survey instrument that contains all required data elements needed to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries. And the measure specifications and data source must allow for consistent calculations across states. These criteria were developed to help ensure that if a measure is placed on the Core Sets, states are able to produce consistent state-level results for their Medicaid and CHIP beneficiaries. The Mathematica team has assessed all suggested measures for adherence to these minimum criteria, and in a few minutes, Chrissy will present the measures that the Workgroup will discuss at the voting meeting. I won't go over the other criteria in the interest of time. However, the Workgroup will be referring to these criteria as they prepare for the discussions during the voting meeting. Next slide.

So what do we mean by testing of measures in Medicaid and CHIP? I briefly wanted to elaborate on one of these criteria mentioned in the previous slide, that measures must be tested in or be in use by Medicaid or CHIP programs to be considered for the Core Sets. There are two broad types of testing that we think about with quality measures, and we've adapted these definitions from the CMS Measures Blueprint. The first is alpha testing, also known as formative testing, that occurs alongside the development of a measure's technical specifications. It provides baseline information on whether the data elements exist for quality and initial information about feasibility. The second is beta testing, which is the type of testing that we use for our criteria. This is field testing that occurs after the specifications are fully developed. Beta testing is used to test implementation and usability, in this case within state Medicaid and CHIP programs. So, to meet minimum technical feasibility requirements,

measures must have been field tested to ensure that the specifications can be implemented by state Medicaid and CHIP programs to produce consistent state-level results. Next slide.

So now I'll turn it over to Chrissy to go over the list of measures suggested for removal from or addition to the Core Sets. Chrissy?

Chrissy Fiorentini:

Thank you, Margo. I'm going to provide a brief overview of the measures that Workgroup members suggested. Before I get started, I wanted to thank the Workgroup members for their time and effort suggesting these measures. Next slide.

This slide lists the five measures suggested for removal that will be reviewed during the voting meeting by Core Set domain. The slide also includes the measure steward, NQF number, and the data collection method. In the interest of time, I'm just going to read out the domains and measure names today. I'll also provide a summary of the measure characteristics on the next slide. There are two measures in the Care of Acute and Chronic Conditions domain: Use of Opioids at High Dosage in Persons Without Cancer and Concurrent Use of Opioids and Benzodiazepines. There is one measure in the Behavioral Health Care domain: Screening for Depression and Follow-Up Plan: Ages 12 to 17 and Age 18 and Older. This measure is in both the Child and Adult Core Sets. There is one measure in the Dental and Oral Health Services domain: Topical Fluoride for Children. Note that another Topical Fluoride measure has been suggested as a replacement. And there is one measure in the Experience of Care domain: Consumer Assessment of Healthcare Providers and Systems, or CAHPS, Health Plan Survey 5.1H. This measure is in both the Child and Adult Core Sets. Next slide.

This slide summarizes the characteristics of the five measures suggested for removal that will be reviewed at the voting meeting. The measures span four of the current domains and include two measures in the Adult Core Set, one measure in the Child Core Set, and two measures in both the Child and Adult Core Sets. Three of the measures require administrative data only, one requires administrative data or EHR data, and one is a survey-based measure. Next slide.

This slide shows one measure suggested for removal that will not be reviewed at the voting meeting. We will not discuss the Flu Vaccinations for Adults Ages 18 to 64, or FVA-AD, measure because this measure is being retired by the measure steward for FFY 2024 and will be retired from the 2024 Adult Core Set. Next slide.

This slide lists the four measures suggested for addition that will be reviewed during the voting meeting by Core Set domain. Again, I'm just going to read out the domains and measure names. There is one measure in the Maternal and Perinatal Health domain: Oral Evaluation During Pregnancy. There is one measure in the Care of Acute and Chronic Conditions domain: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease. And there are two measures in the Dental and Oral Health Services domain: Topical Fluoride for Children and Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults. The NCQA Topical Fluoride measure has been suggested as a replacement for the DQA version of the measure that is already in the Child Core Set. Next slide.

This slide summarizes the characteristics of the four measures suggested for addition that will be discussed at the voting meeting. The measures span three of the current Core Set domains. Three of the measures use the administrative method only, and one requires her or clinical registry data. One is specified for plan-level reporting, one for provider-level reporting,

and two for program-level reporting. And program-level here includes state Medicaid and CHIP programs. Next slide.

This slide shows two measures suggested for addition that will not be reviewed at the voting meeting. Adult Immunization Status was previously recommended by the Workgroup, and CMCS deferred a decision. Tobacco Use and Help with Quitting Among Adolescents will not be reviewed because it does not meet the minimum technical feasibility requirements. After consultation with the measure steward, the Workgroup member suggesting the measure, and CMCS, Mathematica determined that this measure has not been tested or used by one or more Medicaid or CHIP programs. Next slide.

And with that, I'll turn it over to Margo to take any questions from Workgroup members.

Margo Rosenbach:

Thanks, Chrissy. Are there any questions from Workgroup members? And remember to use the raise hand feature in the bottom right of the participant panel to join the queue, and then please lower your hand when you're done. We'll let you know when you've been unmuted. Curtis Cunningham. Derek, could you unmute Curtis, please? Curtis, you should be unmuted.

Curtis Cunningham:

I'm wondering if you can provide a little bit of background on where the Core Set measures are in regards to the requirements for Medicaid programs to report? One of the things I'm becoming very aware of is the measures in relation to the feasibility of where, you know, states need to go in mandatory reporting of the Core Sets. And I'm just not up to speed on where exactly we are at on that. So, if there's information on that, that would be helpful for me to understand as we're going through the voting process. So, thanks.

Margo Rosenbach:

Yeah, that's a great question. So, a couple points about that. So, mandatory reporting goes into effect with the FFY 2024 Core Set reporting cycle, which is the 2024 Core Set. And as you may know, CMCS is still in the middle of rulemaking on mandatory reporting. The draft rule was released, and now they're in the process of working through the final rule, so that has not yet been released. So, there's a limit to what we can say and what we know, actually, about the final rule. But in terms of the timeline, we are currently in the 2025 Core Set review. CMCS released the 2023 and 2024 Core Sets together. So those are available, and if you don't have information on where to find those, we'll make sure that you get that. That is on our Core Set review website, the measure list. But this is the 2025 Core Set review. So, this would be in the middle of mandatory reporting. So mandatory reporting would have been in effect for one year. So, with that in mind, the Child Core Set measures and the behavioral health measures in the Adult Core Set would be subject to mandatory reporting during this Core Set review cycle or reporting cycle. We can't say anything more specific about what the terms of mandatory reporting would be other than what we've already said, but this is squarely in the middle of mandatory reporting, so it is a good question about the timeframe. Does that answer your question, or are there other questions that you have? Curtis, you're muted. You should be able to unmute yourself, or Derek, if you could unmute Curtis again.

Curtis Cunningham:

There you go. Yeah, I can unmute. Yeah, that's helpful. It's just, you know, recognizing that many of the measures not all states are already, you know, reporting on, and the rule is coming out. As a person in the state, it gives me a little consternation on what will be required and the system development and all the work that will need to be done behind the states or by the states to actually get to full mandatory reporting. But I guess a lot of that will be in details of the rule. So it's just helpful to know there's a little bit of uncertainty with the rule pending, and yet we're working through these. So that's probably more CMS work that will have to be worked out later as they get the measure recommendations from us. Thanks.

Margo Rosenbach:

That's right. And I think when we have the voting meeting in the next three weeks, it will be very helpful for the Workgroup to work through that balance of the various considerations related to feasibility, financial operational viability, and desirability. And one of the things that we also will be trying to dig into a little bit more during the Workgroup meeting is for measures that were not recommended by the Workgroup, why were they not recommended? So really trying to better understand the reasons for not recommending a measure, whether it's because they require more measure development and testing, or whether it's a factor related to, say, the strategic priority and the actionability. So it's a really good question, and it's definitely something that now that we're in the era of mandatory reporting, we really want to understand a lot more about the Workgroup perspectives on the measures. And let me remind people from the public that this is an opportunity for Workgroup member questions. We will have public comment later in the meeting. So, we'd appreciate if you would lower your hand now and raise your hand later when we have public comment. Thank you. So, with that, Tricia Brooks. Derek, can you unmute, Tricia? Tricia, you should be unmuted.

Tricia Brooks:

Can you hear me? I can hear you.

Margo Rosenbach:

Yes, can hear you perfectly. Thank you.

Tricia Brooks:

Okay, good. You never know when that's going to work or not. So just going back to the last question, it seems to me that it's really up to CMS to juggle, you know, when something gets added to the Core Set. Just because we might be making recommendations for 2025 doesn't mean that the Secretary has to adopt them for 2025, but could adopt them for 2026 or future years, I think. And, you know, there's also, as was alluded to, the question of what's in the final rules in terms of mandatory reporting. It would have been our interpretation when we commented on the rule that the Secretary doesn't have the discretion to say, oh, you don't have to report this particular measure that's on the Core Set but seems to have more latitude in what gets published. And, therefore, there could be, you know, a ramp-up period where states, you know, begin to report the measure, perfect the measure with Mathematica's TA, and then it, you know, be publicly reported two or three years down the road, although the sooner the better. So I don't think it's the Workgroup's responsibility to figure out how to juggle

all of that. I think we should be looking strictly at the criteria and making determinations based on that.

Margo Rosenbach:

Thank you, Tricia. Those are all great points. And as you noted, there was a public comment period on the draft rule. CMS is in the process of finalizing the rule. I think what I was referring to is not so much the Workgroup being responsible, because ultimately it is CMS's responsibility to take the Workgroup recommendations as you noted. But I think all of the information that the Workgroup provides about their reasons for recommending or not recommending measures is very helpful to CMS to understand the Workgroup perspectives on particularly why measures are not recommended, which is a totally different perspective perhaps, but really trying to better understand some of the challenges with reporting and opportunities for improvement of measures and also helping to build state capacity. So, really good comments. Thank you for that. Samuel. Derek, can you unmute Samuel? You are unmuted.

Samuel Zwetchkenbaum:

From the dental group, there was a measure we had proposed looking at use of dental services during pregnancy. And I didn't see -- I may have missed it. I didn't see whether that was going forward or not going forward. Can you share anything about that?

Margo Rosenbach:

Yeah. So, the measure that we included in the review is Oral Evaluation During Pregnancy. I believe that was the measure that we --

Samuel Zwetchkenbaum:

Okay, great. So, I might have missed it on the slides. So, that was on the slides?

Margo Rosenbach:

It was. I have a feeling I know why. It is included in the Maternal and Perinatal Health domain as opposed to the Dental and Oral Health domain. And the reason for that is that -- and it is ultimately CMS's decision of which domain a measure is shown in. But I think in terms of considering the potential impact of the measure on Medicaid and CHIP beneficiaries, we put it into the Maternal and Perinatal Health domain because of its ultimate impact on the health of pregnant people and infants. So it was there, and I appreciate you raising that question and also suggesting that measure for discussion by the Workgroup.

Samuel Zwetchkenbaum:

Wonderful. Thank you so much.

Margo Rosenbach:

Thank you. Joy? Derek, can you unmute Joy Burkhard?

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Joy Burkhard:

I'm a new Workgroup member and just would love additional background on the process. I understand the voting process is -- we open up for discussion by the Workgroup and then it's a pure yes or no vote. That makes sense to me. Can you remind us the process for presenting -- is it the member who may have suggested that a measure be removed, for example, that would present rationale as to why? Remind us, if you would, the background for presenting the recommendation.

Margo Rosenbach:

Sure. So, there will be further presentation after this from Caitlyn about a lot of the logistics about voting that you've just alluded to. But in terms of the presentation, the way it will work is that our team will queue up the discussion, we'll summarize the measures suggested for removal or addition, and the information about the rationale given by Workgroup members, and oftentimes there's a little bit of additional background that we might have about use of measures in other programs or public reporting experience of the measures or challenges with reporting measures that comes from a measure already in the Core Set. So, we will present a summary and then we will open it up to the Workgroup for discussion. Very often the Workgroup member who suggested the measure for removal or addition will be among the first to speak, but they are not responsible for presenting the measure or defending it one way or another. It's a very open discussion with Workgroup members. We will also have measure stewards present for the discussion, so if there are questions about the measures, we encourage measure stewards to attend and be available to answer those questions. Does that help or do you have other questions?

Joy Burkhard:

It does help. I do have one follow-up question regarding feasibility if a measure is recommended for removal. Is there some sort of background work that happens behind the scenes to attempt to address the challenges? It just dawns on me that if this Workgroup and CMS has adopted measures in the past, they must be very important. So, what types of efforts are put in place to address the barriers once we identify them as particularly problematic? Is there work that happens behind the scenes retrospectively?

Margo Rosenbach:

So, the work typically happens -- if I'm understanding your question with a measure for removal, it would be somewhat more prospectively in the sense that we are continually working with states, answering their questions, providing technical assistance resources once a measure is added to the Core Sets. So, there is a process for working with states and helping them to report a measure. A measure that has been challenging for states, sometimes it just -- you know, the codes aren't available and there's, you know, opportunities for us to work with states to identify the codes that would be required for reporting. There's often peer-to-peer learning that we'll do through various convenings that we have. But like you said, sometimes measures are added to the Core Sets that are considered very important, but oftentimes not immediately feasible. So, it's a really good question, and I'm sure there will be more discussion about that during the voting meeting.

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Joy Burkhard:

Okay, great. Thank you.

Margo Rosenbach:

Sure. Thank you.

Any other questions before we move on? These are great questions. Ben Anderson. Derek, can you unmute Ben? Ben, you're unmuted.

Ben Anderson:

Okay, great. Thank you. Yeah, similar sort of follow-up question. I'm wondering what Workgroup members could do or should do to kind of tee up items for the gap discussion following the voting portion of the meeting. You know, I think from a consumer health perspective, we're very excited and grateful that CMS is moving forward with the mandatory reporting. We know that families and their advocates have been waiting for better data in this space for a number of years. And similarly, you know, I think there are some, you know, additional measures that can really be a game changer for moms, kids, families, so forth. So I'm curious, you know, if there's anything that we need to do to sort of place items on that portion of the meeting agenda, sort of the gap discussion.

Margo Rosenbach:

No, there's no specific preparation or presentation, but we do encourage you to come with your wish list and maybe even if you have a pent-up list, maybe a prioritization because there, you know, there's a lot of measures out there and not a lot of real estate on the Core Sets. But also, maybe be thinking about other ways that measures could be used in Medicaid and CHIP through a variety of analytics or various other ways that measures could be used. So definitely encourage you to do your prep work and as Caitlyn is going to be describing the agenda, there will be various segments in which we will be talking about gaps, domain-specific and then cross-cutting. So, we definitely look forward to hearing what you and others have to say. I think this year has been a really nice year for starting to figure out how to queue up a lot of the gaps for consideration. So, thank you. So, with that, I think we'll close off Workgroup member questions for now. There will be other opportunities later, and I will turn it over to Caitlyn to describe the guidance to Workgroup members for reviewing measures.

Ben Anderson:

Thank you, Margo.

Caitlyn Newhard:

Next slide.

I'll now go over some guidance to Workgroup members on how to review the suggested measures and the resources available to assist you in that task. In preparation for the voting meeting, we ask that Workgroup members review all the measures suggested for removal from or addition to the Core Sets. Workgroup members will have access to a SharePoint site that includes materials to help assess each measure's appropriateness for the Core Sets. Workgroup members - we'll be sending you an email tomorrow with a user guide and

credentials to log into the site. As you go through your review, please keep the criteria for removal of existing measures and addition of new measures top of mind. We're also providing a measure review worksheet that Workgroup members can use to record and organize their notes, questions, and preliminary vote on each measure. Next slide.

The primary resource we've developed to help you review the measures are the measure information sheets. We have created a measure information sheet for each measure that was suggested for addition to or removal from the Core Sets. The information sheets provide standardized information for each measure to facilitate your review. For measures for removal, these include technical specifications, the nominating Workgroup member's reason for removal, and other information, including measure alignment across programs. For the current measures, we also provide information on states' reporting history and any challenges noted by states in reporting the measure. For measures with publicly reported rates, which are those with more than 25 states reporting, we also included current measure rates and graphics. For measures that have been discussed by the Workgroup previously, we've also summarized prior Workgroup discussions. We hope this will help Workgroup members build on the conversations we've had in the past. Next slide, please.

We also have measure information sheets for measures suggested for addition, which include many of the same elements as the measures for removal, including technical information like numerators, denominators, and data collection method, as well as information on the measure's alignment with the minimum technical feasibility criteria. We've also noted whether the measure's data source allows for stratification by race, ethnicity, and other characteristics when that information is available. The measure information sheets include comments from the Workgroup members who nominated the measure on how the measure meets the feasibility, actionability, and strategic priority criteria. There is also information about the use of the measures in other programs, prevalence of the condition in Medicaid and CHIP, and links to more detailed information about the measures. As I mentioned for the removals, we've summarized prior Workgroup discussions where applicable. Again, our hope is that this will help us have productive conversations that build on those from previous years. Next slide.

When Workgroup members sit down to review the measures, we recommend starting with a review of the measure information sheets. You can use the measure review worksheet available on the SharePoint site to record notes and questions as you go through these. If you have questions or want more background information on the measure or condition, we have a few other resources you can consult. First, the Medicaid and CHIP beneficiary profile can be used to locate more information, the characteristics and health status of Medicaid and CHIP beneficiaries, the prevalence of certain conditions, and expenditures on different areas of care. The Core Set history table shows which year measures were added or removed over the history of the Core Sets. This can be a useful tool for seeing the longevity and turnover of measures. We also link to the chart packs and measure-specific tables, which have more information on state reporting and measure rates, and the Core Set resource manuals and technical specifications for the current Core Set measures. For measures suggested for addition, the measure steward's technical specifications are linked in the measure information sheets if they are publicly available. We also encourage you to look back at some of the information we shared during the call for measures, including the list of measures subject to mandatory reporting, updates on measures that do not meet the threshold for public reporting, and the list of measures considered in previous years. Once you've found any additional information you need, you can assess the measures against the criteria for addition or removal

and record your primary vote to recommend removal or addition in the measure review worksheet. Next slide.

This slide is a screenshot from the "Review Measures" page of the Workgroup members' SharePoint site. The measure review worksheet is linked at the top. The measure information sheets will be available under the next two links. You can download these either as individual sheets or as a combined file. The additional resources I referenced on the last slide will be available at the "Resources for Reviewing Measures" link. And again, we will be sending more information on how to access and use SharePoint directly to the Workgroup members tomorrow. Next slide.

Workgroup members, if you have any questions while reviewing the measures, please don't hesitate to reach out to us. We've collected a lot of information on these measures and are more than happy to answer questions if we can. We'd also like to thank all of the measure stewards for sharing information about the measures. Finally, a big thank you to our Workgroup members for taking the time to prepare and engage in this process. We are looking forward to interesting discussions during the voting meeting later this month. Next slide.

Now I'll spend a few minutes discussing our approach to the voting meeting. Next slide.

Much like last year, we'll be holding a virtual meeting over three days, April 25th through April 27th. The meeting will start at 11 a.m. Eastern each day to accommodate those joining us from the west coast, and we will plan to end the day by 4 p.m. Eastern time each day. We will post an agenda one week before the meeting. Just like today's webinar, the voting meeting will be open to the public, and there will be opportunities for public comment throughout. Registration is now available on our webpage. Next slide.

This year, there will be a total of nine measures to discuss, five suggested for removal and four suggested for addition. The measures will be reviewed by domain without regard to the Core Set, meaning child and adult measures will be discussed together. Within each domain, we'll begin with the measures suggested for removal, then on to the measures suggested for addition. However, when we vote on paired measures, meaning that a measure was suggested for addition to replace a measure suggested for removal, we will vote on the measure for addition first. And as always, measures will be considered in their specific form, meaning we will discuss and vote on the measures as they are currently specified by the measure stewards without conditions or modifications. Next slide.

As for the voting process, voting will take place by domain after Workgroup discussion and public comment. For each measure for addition, a yes vote means I recommend adding the measure to the Core Set, and a no vote means I do not recommend adding the measure to the Core Set. Similarly, for each measure for removal, Workgroup members will vote yes or no, where yes means I recommend removing the measure and no means I do not recommend removing the measure. For each measure to be recommended for removal from or addition to the Core Sets, the yes vote needs to receive two-thirds of the eligible votes. Prior to the voting meeting, we will be providing a fact sheet to Workgroup members with more information on how to vote. Next slide.

In addition to discussing the suggested measures, the agenda for the voting meeting will include a few other cross-cutting topics. We'll spend part of the first day discussing stratification of Core Set measures. Some of the topics we'll cover include stratification categories, stratification priorities, and feasibility considerations. And as always, we'll be

discussing gaps in the Core Sets, both by domain and on the last day across the Core Set as a whole. For domains where we have measures up for discussion, we'll be having those domain-specific gap conversations after the measures are voted on. And for domains where we do not have measures up for discussion, we will discuss potential gaps on the last day. This year, we also will ask the Workgroup to suggest priority areas for measure development and testing to fill gaps in the Child and Adult Core Sets. Next slide.

With that, I'll turn it over to Margo to take any final questions from Workgroup members.

Margo Rosenbach:

Thanks, Caitlyn. So now this is our last opportunity today for Workgroup questions. If you have a question, please use the raise hand feature in the bottom right of the participant panel to join the queue and lower your hand when you're done. We'll let you know when you've been unmuted. Do we have any Workgroup members' questions? I am not seeing that. Last call before we turn to public comment. All right. Next slide, please.

So now I'd like to open it up for public comment. And as a reminder, please raise your hand if you wish to speak and please give your name and affiliation.

Do we have any public comment?

I thought I saw somebody earlier from a member of the public. Oh, there we go. Okay, Jose. Derek, can you please unmute Jose? Please introduce yourself and your affiliation. You should be unmuted now.

Jose Bocanegra:

I work with some of the quality metrics here in the State of Wisconsin. And as I'm hearing more about, you know, more measures being introduced, more measures being, you know, decommissioned or retired, our state works a little differently. Like, we collect the data from HMOs, but we're understanding that in FFY '24, everything is going to be a little bit mandatory. I'm a little, like, not concerned, but I want to know if the data collection methods for these metrics that are being proposed, are we going to have the ability to just choose admin-based metrics and not hybrid? We're having a little bit of a challenge here in trying to come up with a centralized electronic healthcare system. So, it will be a little bit of a challenge to kind of, you know, come up with hybrid metrics from a statewide perspective, right, inclusive of our fee-for-service population, SSI population, and so on. Do you guys have anything to say about that? I'm just a little curious.

Margo Rosenbach:

Thank you for your question. I'm sorry. It was cut off at the beginning. Could you reintroduce yourself and where you're from?

Jose Bocanegra:

Oh, yeah. Absolutely. My name is Jose Bocanegra. I am an analyst here working for the state of Wisconsin, DMS specifically. And my roles are usually collecting some of this HEDIS metrics that are reported by our managed care institutions. But, okay, that was the introduction part. Did you guys get the last part of my question?

Margo Rosenbach:

I think so. Thank you for that question. We know that Wisconsin is not the only state in this situation that has been primarily focused on collecting data from managed care organizations and aggregating information up to the state level from their MCOs. But as I think we've said, with mandatory reporting, CMS's intent is to include all Medicaid and CHIP populations, whether they are in managed care or fee-for-service, both Medicaid, CHIP. So, we know that this is going to be a lift for some states, and we know that states are very actively working on this and working with our team as we speak. So, we do appreciate all the work that states are doing and recognize that this could be challenging for some states that are primarily focused on collecting data through managed care organizations. But going forward, that is the plan based on what CMS included in at least the draft rule, that it would be all populations regardless of delivery system and program. I'm certainly happy to have an offline conversation with you, and I think --

Jose Bocanegra:

Absolutely. And we do understand that. I just want to verify at least that I know some of the data collection, you know, some of the data collection methods that HEDIS measures, specifically HEDIS I'm talking about, can be, you know, either hybrid, EHR, or admin, right? So at least for my state, if we were to kind of leverage an admin-based metric, we do have the ability to do that because we collect, you know, our claims and encounters from our managed care institutions. As well, we have our fee-for-service claims and other things, so we can calculate that. The problem will be that we won't be able to report metrics that are hybrid-based, meaning that we will have to leverage like kind of health care records and things like that. So that's why I wanted to ask if the plan is to kind of include metrics that are multi -- I'll say they have a, you know, multi-level of, like, collection methods, meaning that it could be admin-based, it could be hybrid, it could be anything like that. That's what I was kind of asking.

Margo Rosenbach:

Right.

Jose Bocanegra:

Because then, you know, then we definitely have an issue here at the state of Wisconsin.

Margo Rosenbach:

Yeah. It's a really good point, and thank you for making that comment as part of public comment. I think I also encourage you to return for the voting meeting and consider the measures that are being suggested for removal and addition with regard to their feasibility for your state. Just know that if there is an admin specification, admin is perfectly fine for you to report those measures. So, with that, thank you for that comment. I know that you're in touch with our team, and we'll do the best that we can to help you as well. So, thank you for your question and comment.

Jose Bocanegra:

Thank you.

Margo Rosenbach:

Sure.

I think I saw another hand raised. Is there another public comment? Do we have any other public comments? I'll give another minute for people to have a chance to raise their hand. And maybe Kim and Rachel, our co-chairs, if you could raise your hands, and then we'll be turning to your comments in a minute. I see Kim. All right. I'm not seeing any other public comments. So why don't we turn to our two co-chairs, Kim Elliott and Rachel La Croix, and give them an opportunity to make some final remarks about the work ahead of us. So, Kim, you are first.

Derek, can you unmute Kim?

Kim, I think you should be unmuted. Why don't you try unmuting?

Kim Elliott:

Can you hear me?

Margo Rosenbach:

Yes, now we can.

Kim Elliott:

Perfect. Yeah, thank you for this meeting. I'm really excited to join all of you and, of course, co-chair Rachel, in the review of the measures for removal and for addition to the 2025 Child and Adult Core Set. As I think all of you know, I place a very high value on the work that we do in this Workgroup in driving the quality and really improving outcomes for the people that are served by Medicaid. And in my experience, this Workgroup consists of a lot of subject matter experts. And as we participate in this review process, I want to encourage everybody to really apply all of that subject matter expertise so that we really have some high-quality conversations and really make some really good recommendations to CMS regarding the Core Set measures that we are considering for inclusion or removal. Having participated several years in this process, I have found that Mathematica provides really valuable resources to us, and they introduced those earlier in this presentation. So please avail yourself of those resources. It will really help you and guide you through this process, particularly if it's one of your first times participating in this Workgroup.

And I think one of the important things to remember as we're working through this is we really need to think about the population that's being served and that whole person to make sure that we have some balance in those measure sets and that we're really making recommendations that are going to result in our ability to really do some measurement of the quality and access and other factors that are important to determining whether we're providing good quality care to Medicaid. And I think the final thing I'd really like to say is that rarely does something of value or quality come easy. So, in my experience on the Workgroup, we often discuss measures that are difficult. However, some of those difficult measures may be the most appropriate ones to measure and monitor the performance of the state Medicaid and CHIP programs and really identify some opportunities for improvement in the care and delivery. So, I just want everybody to really apply all of that great expertise and knowledge that you have to

this work and think through what the ultimate value and benefit is to the core measures in the Medicaid program overall. With that, I think I'll turn it over to Rachel.

Can you unmute, Rachel, please?

Rachel La Croix:

Good afternoon. Can you hear me?

Margo Rosenbach:

Yes, we can.

Rachel La Croix:

Okay, great. Thank you. This is Rachel La Croix, and I would like to echo a lot of what Kim said. I, too, am very excited about our convening in a few weeks to go through the Core Set review and wanted to thank everyone for their thoughtful suggestions for removals and additions to the Core Set.

As Margo mentioned earlier, we do have limited real estate that we're using with the Core Set, so it is really important for us to think about which measures are in there, what areas of care are being covered, which ones can help drive improvement and where we see a lot of need for improvement, and just providing an overall better care experience and better health for the Medicaid and CHIP populations.

I also wanted to echo Kim's thanks to the Mathematica team for all the comprehensive resources that they pulled together for all of us to use, particularly for those of you who are new to the Core Set review team. Mathematica and CMS have worked to set up a very systematic process for us to go through this review and to find out information about different measures being proposed for addition or removal and really have gathered everything together to make this a very feasible process for us to review and be really well prepared to discuss these measures for the Core Set moving forward. And I have also served on the Core Set review group for a number of years, and the work has always been really important, but I feel like it's becoming even more so as we're going into the mandatory reporting period to really take into consideration all of the different feasibility components for the measures, how well states will be able to report on these measures for different populations and all of that since we know some additional changes will be coming with the final rule.

But again, I look forward to working with all of you to review these measures coming up in a couple of weeks and just really recommend to everyone to take advantage of all the information sheets and other resources that Mathematica has pulled together for us. Thank you.

Margo Rosenbach:

Thank you so much, Kim and Rachel. Next slide, please.

So, to recap the next steps, Workgroup members will receive information to log into the SharePoint site from us tomorrow by email, and Workgroup members will use the information on the site to review the measures suggested for addition and removal. If you need help with SharePoint or with any other questions, please email us at the email address here. And for

members of the public, the measure information sheets will be posted publicly on our website prior to the voting meeting at the end of the month. Next slide.

For more information, we have included Medicaid.gov links for the Child and Adult Core Sets. We've also included the link to the Core Set Annual Review webpage. As Caitlyn mentioned, registration for the voting meeting is now open and you can register at this webpage. You'll also find agendas and slides for each meeting, a calendar of events, and other resources such as last year's report. Next slide.

As always, you can reach us at MACCoreSetReview@Mathematica-mpr.com. Next slide.

So, with that, we want to thank everyone for participating in today's webinar. We look forward to having you join us later in April to discuss the measures suggested for removal and addition. Hard to believe we'll be back here in just three weeks.

The meeting is now adjourned.

Bye, everybody.